



# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

*We make Indiana a cleaner, healthier place to live.*

Frank O'Bannon  
Governor

Lori F. Kaplan  
Commissioner

100 North Senate Avenue  
P.O. Box 6015  
Indianapolis, Indiana 46206-6015  
(317) 232-8603  
(800) 451-6027  
[www.in.gov/idem](http://www.in.gov/idem)

**April 22, 2003**

RE: **CORYDON STONE 061-17124-05053**  
TO: Interested Parties / Applicant  
FROM: Paul Dubenetzky  
Chief, Permits Branch  
Office of Air Quality

## **Notice of Decision - Approval**

Please be advised that on behalf of the Commissioner of the Department of Environmental Management, I have issued a decision regarding the enclosed matter. Pursuant to 326 IAC 2, this approval was effective immediately upon submittal of the application.

If you wish to challenge this decision, IC 4-21.5-3-7 requires that you file a petition for administrative review. This petition may include a request for stay of effectiveness and must be submitted to the Office Environmental Adjudication, ISTA Building, 150 W. Market Street, Suite 618, Indianapolis, IN 46204, **within eighteen (18) calendar days from the mailing of this notice**. The filing of a petition for administrative review is complete on the earliest of the following dates that apply to the filing:

- (1) the date the document is delivered to the Office of Environmental Adjudication (OEA);
- (2) the date of the postmark on the envelope containing the document, if the document is mailed to OEA by U.S. mail; or
- (3) The date on which the document is deposited with a private carrier, as shown by receipt issued by the carrier, if the document is sent to the OEA by private carrier.

The petition must include facts demonstrating that you are either the applicant, a person aggrieved or adversely affected by the decision or otherwise entitled to review by law. Please identify the permit, decision, or other order for which you seek review by permit number, name of the applicant, location, date of this notice and all of the following:

- (1) the name and address of the person making the request;
- (2) the interest of the person making the request;
- (3) identification of any persons represented by the person making the request;
- (4) the reasons, with particularity, for the request;
- (5) the issues, with particularity, proposed for considerations at any hearing; and
- (6) identification of the terms and conditions which, in the judgment of the person making the request, would be appropriate in the case in question to satisfy the requirements of the law governing documents of the type issued by the Commissioner.

If you have technical questions regarding the enclosed documents, please contact the Office of Air Quality, Permits Branch at (317) 233-0178. Callers from within Indiana may call toll-free at 1-800-451-6027, ext. 3-0178.

Enclosures

**April 22, 2003**

Ms. Diane M. Green  
Corydon Stone and Asphalt, Inc.  
P.O. Box 2428  
Clarksville, Indiana 47131-2428

Re: 061-17124-05053  
First Administrative Amendment to  
General FESOP F123-13626-05053

Dear Ms. Green:

Gohmann Asphalt and Construction, Inc., was issued a General FESOP permit on December 6, 2001 for portable asphalt pavement production plant. A Relocation Site Approval was issued March 17, 2003 to relocate to its current location of 1100 Quarry Road NW, Corydon, Indiana. A letter requesting a transfer of ownership was received on April 1, 2003. Pursuant to the provisions of 326 IAC 2-8-10(a)(2) the permit is hereby administratively amended as follows:

**A.1 General Information [326 IAC 2-8-3(b)]**

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The Permittee owns and operates an asphalt pavement production plant.

Authorized individual:	Diane M. Green, Safety / Human Resources Director
Source Address:	<b>[Portable]</b>
Mailing Address:	P.O. Box 2428, Clarksville, IN 47131-2428
Telephone Number:	(812) 282-1349
SIC Code:	2951
NAICS:	234110
Maximum Capacity in Tons of Asphalt Produced per Hour:	300
Source Location Status:	Perry
County Status:	Attainment for all criteria pollutants
Source Status:	Federally Enforceable State Operating Permit (FESOP) Major or Minor Source, under PSD or Emission Offset Rules; Permit issued pursuant to 326 IAC 2-8-18 as an Asphalt General FESOP

Ownership of the asphalt pavement production plant was transferred from Gohmann Asphalt and Construction, Inc. to Corydon Stone and Asphalt, Inc., located at 1100 Quarry Road NW, Corydon, Indiana 47112. No ownership change paperwork was necessary since both companies are owned by J. Michael Gohmann, President and John Gohmann, Vice President. The Authorized Individual remains as Diane Green, Safety / Human Resources Director. Ms. Green meets the requirements of 236 IAC 2-1.1-1(1) as an authorized individual.

The source address was removed from Section A.1 and the reporting forms and identified the source address as [Portable]. Section C.22 specifies for portable sources, a valid operation permit consists

of this permit (F123-13626-05053) and any subsequent relocation site approval letters (L061-17285-05053) specifying the current location of a portable plant.

Corydon Stone and Asphalt, Inc.  
of 2 [Portable]

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All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment and the following revised permit pages to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, press 0 and ask for Gary Freeman or extension ( 3-5334), or dial (317) 233-5334.

Sincerely,  
**Original signed by**  
Paul Dubenetzky, Chief  
Permits Branch  
Office of Air Quality

Attachments: Updated Pages  
PD/gkf

cc: File -Harrison County  
Harrison County Health Department  
Air Compliance Section Inspector - Ray Schick  
Compliance Data Section -Karen Ampil  
Air Programs - Chet Bohannon  
Permit Review Section 1 - Gary Freeman

**GENERAL  
FEDERALLY ENFORCEABLE STATE  
OPERATING PERMIT (FESOP)  
FOR AN ASPHALT PLANT**

**OFFICE OF AIR QUALITY**

**Corydon Stone and Asphalt, Inc.  
[Portable]**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-8 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: F123-13626-05053	
Issued by: Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: December 6, 2001  Expiration Date: December 6, 2006

  

First Administrative Amendment: 061-17124-05053	Pages Affected: 5, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49 and 50
Issued by: <b>Original signed by</b> Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: <b>April 22, 2003</b>

Permit Reviewer: AB/EVP

## SECTION A SOURCE SUMMARY

This permit is based on information requested by the Indiana Department of Environmental Management (IDEM), Office of Air Quality (OAQ) and any local air pollution control agency having jurisdiction over the source. The information describing the source contained in conditions A.1 through A.3 is descriptive information and does not constitute enforceable conditions. However, the Permittee should be aware that a physical change or a change in the method of operation that may render this descriptive information obsolete or inaccurate may trigger requirements for the Permittee to obtain additional permits pursuant to 326 IAC 2, or change other applicable requirements presented in the permit application. Such a change may also render this general permit inapplicable and require that the Permittee obtain a new permit.

### A.1 General Information [326 IAC 2-8-3(b)]

---

The Permittee owns and operates an asphalt pavement production plant.

Authorized individual:	Diane M. Green, Safety / Human Resources Director
Source Address:	[Portable]
Mailing Address:	P.O. Box 2428, Clarksville, IN 47131-2428
Telephone Number:	(812) 282-1349
SIC Code:	2951
NAICS:	234110
Maximum Capacity in Tons of Asphalt Produced per Hour:	300
Source Location Status:	Perry
County Status:	Attainment for all criteria pollutants
Source Status:	Federally Enforceable State Operating Permit (FESOP) Major or Minor Source, under PSD or Emission Offset Rules; Permit issued pursuant to 326 IAC 2-8-18 as an Asphalt General FESOP

### A.2 Emission Units and Pollution Control Equipment Summary [326 IAC 2-8-3(c)(3)]

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This source consists of the dryer, either a batch mix or a drum mix, a dryer/mixer burner and a dryer/mixer exhaust system controlled by a baghouse. The source also contains conveying equipment, one or more liquid asphalt/oil heaters, liquid asphalt/oil storage tanks and handling equipment. The source may also include electrical generators.

### A.3 Insignificant Activities [326 IAC 2-7-1(21)] [326 IAC 2-8-3(c)(3)(I)]

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This source may include insignificant activities, as defined in 326 IAC 2-7-1(21).

### A.4 FESOP Applicability [326 IAC 2-8-2] [326 IAC 2-8-18]

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This source, otherwise required to have a Part 70 permit as described in 326 IAC 2-7-2(a), has applied to the Indiana Department of Environmental Management (IDEM), Office of Air Quality (OAQ) for a Federally Enforceable State Operating Permit (FESOP). Specifically, this source has applied for a general FESOP pursuant to the authority granted under 326 IAC 2-8-18. This permit is a general FESOP for an asphalt pavement production plant. This permit allows the source to operate in all areas of Indiana except any area in severe nonattainment for any National Ambient Air Quality Standard.

### A.5 Prior Permit Conditions

Permit Reviewer: AB/EVP

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- (a) This permit shall be used as the primary document for determining compliance with applicable requirements established by previously issued permits.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**Production Quarterly Report**

**Source Name:** Corydon Stone and Asphalt, Inc.  
**Source Address:** [Portable]  
**Mailing Address:** P.O. Box 2428, Clarksville, IN 47131-2428  
**FESOP No.:** F123-13626-05053  
**Facility:** Asphalt Plant  
**Parameter:** Particulate Matter  
**Limit:** Total asphalt mix production shall not exceed 600,000 tons per twelve (12) consecutive months.

**YEAR:** \_\_\_\_\_

Month	Column 1	Column 2	Column 1 + Column 2
	This Month	Previous 11 Months	12 Month Total
Month 1			
Month 2			
Month 3			

9 No deviation occurred in this reporting period.

9 Deviation/s occurred in this reporting period.

Deviation has been reported on: \_\_\_\_\_

**Submitted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title / Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Attach a signed certification to complete this report.**

Permit Reviewer: AB/EVP

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**Single Fuel Quarterly Report**

**Source Name:** Corydon Stone and Asphalt, Inc.  
**Source Address:** [Portable]  
**Mailing Address:** P.O. Box 2428, Clarksville, IN 47131-2428  
**FESOP No.:** F123-13626-05053  
**Facility:** Dryer/mixer Burner  
**Parameter:** Nitrogen Oxides (NO<sub>x</sub>) and Sulfur Dioxide (SO<sub>2</sub>)  
**Limit:** Natural gas shall not exceed 180 million cubic feet per twelve (12) month period rolled on a monthly basis. Distillate (#2) combusted in the dryer and hot oil heaters shall have a sulfur content less than or equal to 0.50 percent and shall not exceed 1,200,000 gallons per twelve (12) month period rolled on a monthly basis. The amount of propane/butane that can be burned shall not exceed 1,800,000 gallons per twelve (12) month period rolled on a monthly basis. Waste oils combusted in the dryer and hot oil heaters shall have a sulfur content less than or equal to 1 percent and shall not exceed 600,000 gallons per twelve (12) month period rolled on a monthly basis

**YEAR:** \_\_\_\_\_

The following fuel was the only fuel combusted over the previous 12 month period: \_\_\_\_\_  
(combustion of more than one fuel requires the use of the "Multiple Burner Fuels" report form)

Month	Column 1	Column 2	Column 1 + Column 2
	This Month	Previous 11 Months	12 Month Total
Month 1			
Month 2			
Month 3			

9 No deviation occurred in this reporting period.

9 Deviation/s occurred in this reporting period.

Deviation has been reported on: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Permit Reviewer: AB/EVP

**Attach a signed certification to complete this report.**



**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**Multiple Fuel Quarterly Report**

**Source Name:** Corydon Stone and Asphalt, Inc.  
**Source Address:** [Portable]  
**Mailing Address:** P.O. Box 2428, Clarksville, IN 47131-2428  
**FESOP No.:** F123-13626-05053  
**Facility:** Dryer/mixer Burner  
**Parameter:** Nitrogen Oxides (NO<sub>x</sub>) and Sulfur Dioxide (SO<sub>2</sub>)  
**Limit:** Nitrogen Oxides less than 50 tons per 12 consecutive month period based on the following equation:

$$N = \frac{G(E_G) + O(E_O) + P(E_P) + B(E_B) + W(E_W) + D(E_D)}{2,000 \text{ lbs/ton}}$$

where:

N=tons of nitrogen oxide emissions for a 12 month consecutive period

G=cubic feet of natural gas used for the last 12 months

O=gallons of oil used for last 12 months with less than or equal to 0.5% sulfur content

P=gallons of propane used for the last 12 months

B=gallons of butane used for the last 12 months

W=gallons waste oils used for the last 12 months with less than or equal to 1% sulfur content

D=gallons of distillate oil used for the last 12 months for electric generation units

E<sub>G</sub>= 280 lb/million cubic feet of natural gas

E<sub>O</sub>=24 pounds/1000 gallons of oil

E<sub>P</sub>=19 pounds/1000 gallons of propane

E<sub>B</sub>=21 pounds/1000 gallons of butane

E<sub>W</sub>=19 pounds/1000 gallons of waste oil

E<sub>D</sub>=616 pounds/1000 gallons of distillate oil

Sulfur Dioxide less than 50 tons per 12 consecutive month period based on the following equation:

$$S = \frac{G(E_G) + O(E_O) + (P+B)(E_P) + W(E_W) + D(E_D)}{2,000 \text{ lbs/ton}}$$

where:

S=tons of sulfur dioxide emissions for 12 month consecutive period

G=cubic feet of natural gas used in last 12 months

O=gallons of oil used in last 12 months with less than or equal to 0.5% sulfur content

P=gallons of propane used for the last 12 months

B=gallons of butane used for the last 12 months

W=gallons of waste oil used in the last 12 months less than or equal to 1% sulfur

D=gallons of distillate oil used in the last 12 months for electric generation units

E<sub>G</sub>= 0.6 pounds/million cubic feet of natural gas

E<sub>O</sub>=71 pounds/1000 gallons of oil

E<sub>P</sub>= 0.02 pounds/1000 gallons of propane/butane

Corydon Stone and Asphalt, Inc.  
[Portable]

First Administrative Amendment 061-17124-05053  
Amended by: Gary Freeman

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Permit Reviewer: AB/EVP

$E_w$ =147 pounds /1000 gallons of waste oil  
 $E_o$ =41 pounds/1000 gallons of distillate oil

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Permit Reviewer: AB/EVP

YEAR:

Month	Fuel Types (units)	Column 1	Column 2	Column 1 + Column 2		Equation Results
		Usage This Month	Usage Previous 11 Months	12 Month Total Usage		Emissions (tons per 12 months)
Month 1	Natural Gas (cubic feet)			G		Nitrogen Oxides
	Fuel Oil #0.5 wt% sulfur (gallons)			O		
	Propane (gallons)			P		
	Butane (gallons)			B		Sulfur Dioxide
	Waste Oil #1.0 wt% sulfur (gallons)			W		
	Distillate Oil used in generators (gallons)			D		
Month 2	Natural Gas (cubic feet)			G		Nitrogen Oxides
	Fuel Oil #0.5 wt% sulfur (gallons)			O		
	Propane (gallons)			P		
	Butane (gallons)			B		Sulfur Dioxide
	Waste Oil #1.0 wt% sulfur (gallons)			W		
	Distillate Oil used in generators (gallons)			D		
Month 3	Natural Gas (cubic feet)			G		Nitrogen Oxides
	Fuel Oil #0.5 wt% sulfur (gallons)			O		
	Propane (gallons)			P		
	Butane (gallons)			B		Sulfur Dioxide
	Waste Oil #1.0 wt% sulfur (gallons)			W		
	Distillate Oil used in generators (gallons)			D		

9 No deviation occurred in this reporting period.  
9 Deviation/s occurred in this reporting period.  
Deviation has been reported on: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Title / Position: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Phone: \_\_\_\_\_

Attach a signed certification to complete this report.

05053

Permit Reviewer: AB/EVP

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**Single Liquid Binder Solvent Quarterly Report**

Source Name: Corydon Stone and Asphalt, Inc.  
Source Address: [Portable]  
Mailing Address: P.O. Box 2428, Clarksville, IN 47131-2428  
FESOP No.: F123-13626-05053  
Facility: Asphalt Plant  
Parameter: VOC  
Limit: Cutback asphalt rapid cure liquid binder usage shall not exceed 50 tons of VOC solvent per twelve (12) consecutive month period rolled on a monthly basis.  
Cutback asphalt medium cure liquid binder usage shall not exceed 68 tons of VOC solvent per twelve (12) consecutive month period rolled on a monthly basis.  
Cutback asphalt slow cure liquid binder usage shall not exceed 190 tons of VOC solvent per twelve (12) consecutive month period rolled on a monthly basis.  
Emulsified asphalt with solvent liquid binder usage shall not exceed 102 tons of VOC solvent per twelve (12) consecutive month period rolled on a monthly basis.  
Other asphalt with solvent liquid binder shall not exceed 1,900 tons of VOC solvent per twelve (12) consecutive month period rolled on a monthly basis.

YEAR: \_\_\_\_\_

The following liquid binder solvent was the only liquid binder solvent used over the previous 12 month period: \_\_\_\_\_ Limit applicable: \_\_\_\_\_

(use of more than one binder requires the use of the "Multiple Liquid Binder Solvents" report form)

Month	Column 1	Column 2	Column 1 + Column 2
	This Month (tons)	Previous 11 Months (tons)	12 Month Total (tons)
Month 1			
Month 2			
Month 3			

9 No deviation occurred in this reporting period.

9 Deviation/s occurred in this reporting period.

Deviation has been reported on: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Attach a signed certification to complete this report.

Permit Reviewer: AB/EVP

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**Multiple Liquid Binder Solvent Quarterly Report**

**Source Name:** Corydon Stone and Asphalt, Inc.  
**Source Address:** [Portable]  
**Mailing Address:** P.O. Box 2428, Clarksville, IN 47131-2428  
**FESOP No.:** F123-13626-05053  
**Facility:** Asphalt Plant  
**Parameter:** VOC  
**Limit:** 50 tons per year  
**Year:**

Month	Type of Liquid binder	Solvent Usage This Month (tons)	Divisor	VOC emitted This Month (tons) for each solvent	VOC emitted This Month (tons)	VOC emitted Previous 11 Months (tons)	This month + Previous 11 months =VOC emitted 12 Month Total(tons)
Month 1	Cutback asphalt rapid cure		1				
	Cutback asphalt medium cure		1.36				
	Cutback asphalt slow cure		3.8				
	Emulsified asphalt		2.04				
	other asphalt		38				
Month 2	Cutback asphalt rapid cure		1				
	Cutback asphalt medium cure		1.36				
	Cutback asphalt slow cure		3.8				
	Emulsified asphalt		2.04				
	other asphalt		38				
Month 3	Cutback asphalt rapid cure		1				
	Cutback asphalt medium cure		1.36				
	Cutback asphalt slow cure		3.8				
	Emulsified asphalt		2.04				
	other asphalt		38				

9 No deviation occurred in this reporting period.

9 Deviation/s occurred in this reporting period.

Deviation has been reported on: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Title / Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Attach a signed certification to complete this report.

Permit Reviewer: AB/EVP

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE BRANCH  
P.O. Box 6015  
100 North Senate Avenue  
Indianapolis, Indiana 46206-6015  
Phone: 317-233-5674  
Fax: 317-233-5967

FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)  
EMERGENCY OCCURRENCE REPORT

Source Name: Corydon Stone and Asphalt, Inc.  
Source Address: [Portable]  
Mailing Address: P.O. Box 2428, Clarksville, IN 47131-2428  
FESOP No.: F123-13626-05053

This form consists of 2 pages

Page 1 of 2

- 9** This is an emergency as defined in 326 IAC 2-7-1(12)  
    cThe Permittee must notify the Office of Air Quality (OAQ), and any applicable Local Air  
    Pollution Control Agency, within four (4) business hours (1-800-451-6027 or 317-233-5674, ask  
    for Compliance Section); and  
    cThe Permittee must submit notice in writing or by facsimile within two (2) days (Facsimile  
    Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency:

Describe the cause of the Emergency:

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Permit Reviewer: AB/EVP

If any of the following are not applicable, mark N/A

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Date/Time Emergency started:
Date/Time Emergency was corrected:
Was the facility being properly operated at the time of the emergency?    Y    N Describe:
Type of Pollutants Emitted: TSP, PM-10, SO <sub>2</sub> , VOC, NO <sub>x</sub> , CO, Pb, other:
Estimated amount of pollutant(s) emitted during emergency:
Describe the steps taken to mitigate the problem:
Describe the corrective actions/response steps taken:
Describe the measures taken to minimize emissions:
If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by: \_\_\_\_\_  
Title / Position: \_\_\_\_\_  
Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

A certification is not required for this report.

Permit Reviewer: AB/EVP

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)  
QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

Source Name: Corydon Stone and Asphalt, Inc.  
Source Address: [Portable]  
Mailing Address: P.O. Box 2428, Clarksville, IN 47131-2428  
FESOP No.: F123-13626-05053

Months: \_\_\_\_\_ to \_\_\_\_\_ Year: \_\_\_\_\_

Page 1 of 2

This report is an affirmation that the source has met all the requirements stated in this permit. This report shall be submitted quarterly based on a calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. Deviations that are required to be reported by an applicable requirement shall be reported according to the schedule stated in the applicable requirement and do not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

**9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.**

**9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD**

**Permit Requirement** (specify permit condition #)

**Date of Deviation:**

**Duration of Deviation:**

**Number of Deviations:**

**Probable Cause of Deviation:**

**Response Steps Taken:**

**Permit Requirement** (specify permit condition #)

**Date of Deviation:**

**Duration of Deviation:**

**Number of Deviations:**

**Probable Cause of Deviation:**

**Response Steps Taken:**



Permit Reviewer: AB/EVP

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<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	
<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	
<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	

Form Completed By: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Attach a signed certification to complete this report.